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WITH THE
N.J. BOARD OF DENTISTRY
ON 7-1-97 cm

PETER VERNIERO
ATTORNEY GENERAL

By: Marilyn Bair
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Division of Law
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07102

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

In the Matter of	:	
	:	Administrative Action
PHILIP LYONS, D.D.S.	:	
	:	
Licensed to Practice Dentistry:	:	CONSENT ORDER
in the State of New Jersey	:	
	:	

This matter was opened to the New Jersey State Board of Dentistry (hereinafter "the Board") upon the receipt of a patient complaint from S.M. The complaint alleged that Dr. Walter Bilotta performed a root canal on tooth #30 which did not conform to standard dental practice for such a procedure, resulting in pain, the crown falling off, and, ultimately, extraction of the tooth. At the time, Dr. Bilotta worked in the Family Dental Center which is owned and operated by Philip Lyons, D.D.S. (hereinafter "respondent"). The patient records show that although respondent did an initial examination of S.M., Dr. Bilotta performed the dental treatment. The patient records further show that the insurance forms submitted to Prudential Dental Maintenance Organization for dental work performed on S.M. state that the services were performed by respondent. On March 19, 1997,

respondent appeared without counsel at an investigative inquiry into the matter held by the Board.

Having reviewed the entire record, including the testimony of respondent at the investigative inquiry, it appears to the Board that respondent violated N.J.S.A. 45:1-21 e. by failing to properly monitor treatment of a patient in a facility for which he is owner and administrator, and he violated N.J.A.C. 13:30-8.10 by submitting insurance forms which were not signed by the dentist of record.

It appearing that respondent desires to resolve this matter ~~without recourse~~ to formal proceedings and for good cause shown:

IT IS ON THIS 7th DAY OF July 1997,

HEREBY ORDERED AND AGREED THAT:


1. Respondent shall reimburse S.M. in the amount of \$850.00 for the failed root canal therapy performed on her. A certified check or money order made payable to S.M. shall be sent within fourteen days of the entry date of this Consent Order to Ms. Agnes Clarke, Executive, Executive Director, Board of Dentistry, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102.

2. Respondent is hereby assessed a civil penalty in the amount of \$2,500.00 for failing to submit insurance forms which were signed by the dentist of record. Payment for the civil penalty shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board no later than fourteen days from the entry of this Consent Order.

Payment shall be sent to Ms. Agnes Clarke, Executive Director at the address stated in paragraph one.

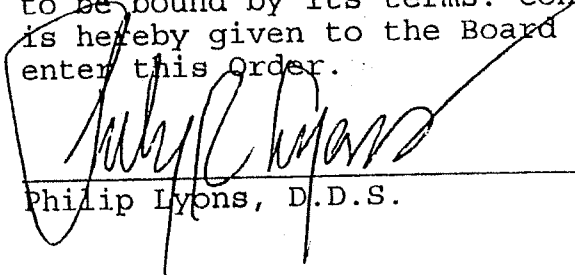
3. Respondent is hereby assessed the costs of the investigation to the State in this matter in the amount of \$124.43. Payment for the costs shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board no later than fourteen days from the entry of this Consent Order. Payment shall be sent to Ms. Agnes Clarke, Executive Director, at the address stated in paragraph one.

NEW JERSEY STATE BOARD OF DENTISTRY



Anthony Villane, Jr., D.D.S.
President

I have read and understand the within Consent Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.



Philip Lyons, D.D.S.

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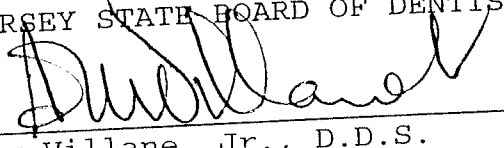
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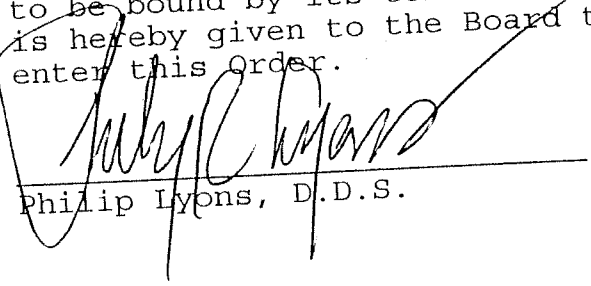
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